

## Medical/Surgical and Behavioral Health Care Services Investigative List Effective: November 10, 2022

This information is updated regularly. It is not an all-inclusive list of health care services considered investigative and therefore, not eligible for reimbursement. Always consult with enrollee's Certificate of Coverage (COC) or Summary Plan Description (SPD) as all eligible care is subject to limits and copayments specified by the Plan. To the extent there is any inconsistency between this List and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will control. In some instances, the CPT and HCPCS are listed for reference, only. The description of the health care service is the most definitive.

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
12/2020	02/2022	0600T 0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous or open	
06/2020	02/2022	0492T 0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound	
12/2020	02/2022	78434	Absolute quantification of myocardial blood flow (AQMBF), PET, rest and pharmacologic stress	
	02/2021		Acne treatments; blue light therapy, pulsed dye laser treatment, smooth beam laser	Blue light is also known as ClearLight Acne PhotoClearing System. Smooth beam laser also known as Aramis Laser.
05/23/06	02/2021		Active Cooling Therapy for cryoanalgesia	Including, but not limited to, Aircast Cryo/Cuff™, Aqua Relief System®, AutoChill, BioCryo® Cold Compression System, Game Ready® units with attached cooled systems, Donjoy IceMan™, ThermoComp™ Cold, NanoTherm, Prothermo, and Vascutherm
12/06/11	02/2021		Acupuncture for major depressive disorder in absence of other diagnoses	
06/2021		0015M	Adrenal Mass Panel, 24 Hour Urine	
12/07/10	02/2021		Advanced Glycation End products (AGE) measurement of skin by multi-fluorescent spectroscopy	
06/2021		0204U	Afirma Xpression Atlas	
12/2020	02/2022	0008U	AmHP Helicobacter pylori Antibiotic Resistance Next Generation Sequencing Panel	
06/2020	02/2022	0559T 0560T 0561T 0562T	Anatomic guide 3-D printed from image data set(s)	

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05/13/03	02/2021		Anesthesia for opioid detoxification/ withdrawal	Also called Rapid Detoxification, involves giving opioid antagonists like naltrexone to put person into immediate acute withdrawal while the patient is under general anesthesia
09/23/08	02/2022	C9757	Annular repair after spinal surgery with use of surgical devices	Such as, but not limited to, Xclose Tissue Repair System or Anchor Band Suturing System, Barricaid
06/2020	02/2022	0253T	Anterior segment aqueous drainage device, without extraocular reservoir, internal approach; suprachoroidal space	Such as, but not limited to, CyPass
06/2020	02/2022	0474T	Anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach; supraciliary space	Such as, but not limited to, CyPass
03/13/13	02/2021		Antigen leukocyte cellular antibody test (ALCAT)	For chemical and food allergies
06/2020	02/2022		Aortic counterpulsation ventricular assist system	Such as, but not limited to, NuPulseCV iVAS and Symphony Heart Assist System
09/28/04	02/2021		Arthroscopic lavage and debridement for osteoarthritis of the knee, except when used to alleviate symptoms due to loose bodies and/or meniscal tears	
07/01	02/2021	33927 33928 33929	Artificial heart for destination therapy (permanent), totally implantable	Long-term, totally implantable, autonomous artificial heart for permanent cardiac replacement (such as, but not limited to, ABIOCOR Total Artificial Heart, CardioWest Total Artificial Heart) as an alternative to heart transplantation
06/2020	02/2022	0212T	Audiometry threshold evaluation and speech recognition, comprehensive (combined 0210T and 0211T); automated	
09/28/04	02/2021		Auditory integration therapy for all indications	
02/14/06	02/2021		Autism – Investigative Assessments (Allergy testing, Erythrocyte glutathione peroxidase studies, event-related brain potentials, intestinal permeability studies, magnetoencephalography/magnetic source imaging, neuroimaging studies such as CT, MRI, MRS, SPECT, and fMRI, provocative chelation tests for mercury, stool analysis, tests for celiac antibodies, tests for immunologic or neurochemical abnormalities, tests for micronutrients such as vitamin levels, tests for metallathioneim protein (Pfeiffer Treatment Center), tests for mitochondrial disorders including lactate and pyruvate, tests for thyroid function, tests for urinary peptides), 6 central carbon metabolites LC-MS/MS (NPDX ASD Energy Metabolism – 0139U), NPDX ASD Test Panel III – 0322U)	These tests are considered investigative for the assessment of autism only; this does not address use of these tests for the assessment of other medical conditions.

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02/14/06	02/2021		Autism – Investigative Treatments (chelation therapy, cognitive rehabilitation, elimination diets, facilitated communication, holding therapy, hyperbaric oxygen therapy, immune globulin infusion, metallathioneim protein treatment (Pfeiffer Treatment Center) nutritional supplements such as megavitamins, high-dose pyridoxine and magnesium.)	These treatments are considered investigative for the treatment of autism only; this does not address use of these treatments for other medical conditions.
06/2020	02/2022	0489T 0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands	Such as, but not limit to, Haebo cell therapy
06/2020	02/2022	0263T 0264T 0265T	Autologous bone marrow cell therapy into leg, intramuscular; single or multiple injections	
12/2020	02/2022	0565T 0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation, injection of cellular implant into knee joint including ultrasound guidance, unilateral	Such as but not limited to, Lipogems®
06/2020	02/2022	0481T	Autologous white blood cell injection	
03/13/12	02/2021		Autologous whole blood injections (ABI)	For use in treatment of, but not limited to, achilles tendonitis, lateral epicondylitis, and plantar fasciitis.
06/14/11	02/2021	95905	Automated point-of-care nerve conduction studies	Including, but not limited to NC-stat by NeuroMetrix, Brevio NCS monitor, Neural-Scan
09/12/17	09/2021	53445 C1815	Balloon continence device, adjustable compression devices for treatment of urinary incontinence except for use in men status post prostate surgery, eg, radical prostatectomy, TURP	Can allow use in men status post prostate treatment . Including, but not limited to, ProACT (for men) and ACT (for women) Therapy Systems
07/22/03	02/2021		Balloon dilation for benign prostatic hypertrophy (BPH)	
09/12/17	02/2022	69705 69706	Balloon dilation/tuboplasty of eustachian tube	Including, but not limited to, the Aera System
05/24/05	02/2021		Balloon treatment for morbid obesity	Including, but not limited to, Biocentrics Intra gastric Balloon (BIB)
12/2020	02/2022	0080U	BDX-XL2	
12/2020	02/2022	0163U	BeScreened™CRC	
06/2020	02/2022	0358T	Bioelectrical impedance analysis whole body composition assessment	
06/14/11	02/2021	93702	Bioimpedance devices for lymphedema	Includes, but not limited to, ImpediMed LDEX U400 BIS Extra Cellular Fluid Analyzer

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06/2020	02/2022	0487T	Biomechanical mapping, transvaginal	
09/13/11	02/2021		Bone growth stimulators (osteogenesis), electrical/electromagnetic	This is considered investigative for any of the following: Fresh fractures, synovial pseudoarthrosis, draining osteomyelitis, avascular necrosis of the hip, charcot foot, charcot arthropathy, scapula or pelvis fractures, lunate fractures. Also known as osteogenic stimulators. See clinical policy Bone Growth Stimulators (MC/F021) for covered indications.
09/13/11	02/2021		Bone growth stimulators (osteogenesis), ultrasonic	This is considered investigative for any of the following: As an adjunct to bunionectomy, for fractures, failed fusions, or non-unions of the axial skeleton (skull or vertebrae), for congenital pseudoarthrosis, fresh fractures that require surgical intervention, fresh fractures that are Grade II or III, pathological fractures, tibial stress fractures. Also known as osteogenic stimulators. See clinical policy Bone Growth Stimulators (MC/F021) for covered indications.
06/2020	02/2022	0547T	Bone-material quality testing by microindentation(s) of the tibia(s)	
06/2020	02/2022	0554T 0555T 0556T 0557T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density utilizing data from a computed tomography scan	
09/23/03	02/2021		Brain graft for treatment of Parkinson's Disease	
11/27/07	02/2021	S8080 78800 78801	Breast gamma scans for all indications	For screening only, does not include imaging following inconclusive initial screening tests, or further evaluation of lesions for staging or surgery. Also known as BSGI, Miraluma, scintimammography.
03/15/16	02/2021	31660 31661	Bronchial thermoplasty for asthma and other indications	Including, but are not limited to, Alair® Bronchial Thermoplasty System
07/22/03	02/2021		Carbogen inhalation therapy	Sometimes referred to as Oxygen/Carbon Dioxide Therapy
07/22/03	02/2021		Cardiomyoplasty (cellular and dynamic)	
06/2020	02/2022	0408T- 0418T C1824	Cardiac contractility modulation system	Such as, but not limited to, Impulse Dynamics Optimizer System

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06/2020	02/2022	0571T 0572T 0575T 0576T 0577T 0580T 0614T	Cardioverter-defibrillator, implantable, with substernal electrodes	
06/08/10	02/2021		Carotid Intima Media Thickness (CIMT) Study for assessment of coronary heart disease risk	
06/2020	02/2022	0266T- 0273T C1825	Carotid sinus baroreflex activation device	Such as, but not limited to, Barostim neo™ System, Rheos Baroreflex Hypertension Therapy System
11/18/03	02/2021	M0075	Cellular therapy	Non FDA-approved Various procedures in which processed tissue from animal embryos, fetuses or organs, is injected or taken orally. Products are obtained from specific organs or tissues said to correspond with the unhealthy organs or tissues of the recipient. Includes cell therapy, embryonic stem cell therapy, fresh cell therapy, immune cell therapy, live cell therapy, glandular therapy, organotherapy, and xenotransplant therapy.
06/2020	02/2022	0042T	Cerebral perfusion analysis using computed tomography for all uses except in acute cerebral ischemia (acute stroke)	Can allow for acute cerebral ischemia (acute stroke)
11/15/05	02/2021		Cervicography for screening and diagnosis of cervical cancer	Also known as speculscopy

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12/12/17	02/2021		Chelation therapy for all indications except <ul style="list-style-type: none"> <li>• Aceruloplasminemia/ Copper-storage disease (eg, Wilson's disease or hepatolenticular degeneration)</li> <li>• Aluminum overload in persons with end-stage renal failure</li> <li>• Biliary cirrhosis</li> <li>• Cardiac ventricular arrhythmias/ heart block due to digitalis toxicity</li> <li>• Cooley's anemia</li> <li>• Cystinuria</li> <li>• Diamond-Blackfan anemia</li> <li>• Heavy metal poisoning (including arsenic, cadmium, copper, gold, iron, lead, mercury)</li> <li>• Hypercalcemia (emergency treatment)</li> <li>• Secondary hemochromatosis</li> <li>• Sickle Cell anemia</li> </ul>	
05/21/09	02/2021		Circadian respiratory pattern recording, (pediatric pneumogram), 12-24-hour continuous recording	Only appropriate for use in infants. Investigative for use in pediatric patients for assessment of obstructive sleep apnea.
12/2020	02/2022	0170U	Clarifi™ ASD	
02/12/14	02/2021		Comparative genomic hybridization (CGH) microarray testing (also known as array-based comparative genomic hybridization [aCGH]) for all indications not covered under MC/L015	Investigative for all other indications not covered under clinical policy Genetic Testing, Comparative Genomic Hybridization (CGH, a CGH) (MC/L015) for covered indications
06/2020	02/2022	0212T	Comprehensive audiometry threshold evaluation and speech recognition, automated	
12/2021		20985	Computer-assisted surgical navigation for musculoskeletal procedures	Such as, but not limited to CTC TCAT® -TPLAN® Surgical System, Digimatch Orthodoc Robodoc Encore Surgical System, ExactechGPS, iASSIST Knee System Intellijoint® Navigation System (Hip and Knee), JointPoint, NuVasive Next Generation NVM5 System NuVasive Pulse System, Stryker Navigation System with Spinemap Go Software, Stryker OrthoMap Versatile Hip System, Verasense for Zimmer Biomet Persona, Verasense Knee System, Vital Navigation System

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09/27/05	02/2021	0174T 0175T	Computer aided detection (CAD), for all uses, including lung cancer	
06/2020	02/2022	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images	
06/2020	02/2022	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images	
03/24/04	02/2021	92548 92549	Computerized dynamic posturography	
06/14/17	02/2021	0525T- 0532T C1832 C2624 33289 93264 G2066	Congestive Heart Failure, invasive monitoring	Such as, but not limited to, Chronicle® Implantable Hemodynamic Monitor (IHM), and CardioMEMS™ HF System
06/14/17	02/2021	99091 S9110	Congestive Heart Failure, non-invasive telemonitoring	
06/2020	02/2022	0493T	Contact Near-infrared spectroscopy studies of lower extremity wounds	
12/2020	02/2022		Continuous glucose monitoring systems for long-term use in non-insulin dependent diabetes mellitus	
06/2020	02/2022	0446T 0447T 0448T	Continuous glucose monitoring system, implantable interstitial glucose sensor	Such as, but not limited to, Eversense
06/2020	02/2022	0533T 0534T 0535T 0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days	Such as, but not limited to, Personal KinetiGraph Personal KinetiGraph™
12/2020	02/2022	A4595 K1002	Cranial electrical stimulation	Also known as, cerebral electrotherapy, craniofacial electrostimulation, electric cerebral stimulation, electrosleep, electrotherapeutic sleep, transcerebral electrotherapy, transcranial electrotherapy (such as but not limited to, Fisher Wallace Stimulator [Liss Body Stimulator]). See also Microcurrent Stimulation Devices.
07/22/03	02/2021		Craniosacral therapy	

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07/22/03	02/2021	19105 0440T 0441T 0442T 0581T C9771	Cryoablation/cryosurgery for the following: Abdominal wall arterio-venous malformation Abdominal wall endometriosis (endometrioma) Allergic and non-allergic rhinitis (eg, by means of ClariFix) Barrett's esophagus Benign prostatic hypertrophy Bone and soft tissue tumors (other than soft tissue sarcoma) Breast carcinoma and fibroadenoma Cancer pain Chronic headache Colon cancer (other than hepatic metastases) Cutaneous sporotrichosis in pregnant women Drooling Endometrial cancer Esophageal cancer Extra-abdominal desmoid tumors (excluding fibromatosis) Facet joint pain Fibro-adipose vascular anomaly (FAVA) lesion Hookworm-related cutaneous infection Idiopathic ventricular tachycardia Leiomyosarcoma Lipoma Metastatic hepatocellular carcinoma Morton's neuroma Non-small cell lung cancer (other than endobronchial obstruction) Osteoid sarcoma Pancreatic cancer Peripheral nerve damage in the lower extremity (includes use of iovera® system for knee osteoarthritis [OA]) Plantar fibroma Post-infarction ventricular tachycardia Premature ejaculation Reduction of pain or opioid consumption post TKA Residual facial arterio-venous malformation Retinopathy of prematurity Sacroiliac joint pain Spinal giant cell tumors Talc granuloma pain Tuberous sclerosis-associated renal angiomyolipoma	See clinical policy Cryoablation/Cryosurgery for Oncology Indications (MC/1007) for covered indications



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06/2021		0012M	Cxbladder™ Detect	
06/2020	02/2022	0499T	Cystourethroscopy with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis	
12/2020	02/2022	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	
06/2021		0016M	Decipher Bladder TURBT	
09/23/08	02/2021	62287 S2348	Decompression of nucleus pulposus by any method, using needle based technique to remove disc material	Also known as percutaneous discectomy/diskectomy, percutaneous radiofrequency thermomodulation, percutaneous plasma diskectomy, targeted disc decompression, disc nucleoplasty Such as but not limited to, ArthroCare System 2000; ArthroCare 8000S Coblator Surgery System; Perc™-D® SpineWand™ (ArthroCare Corp.), Coblation®
03/15/16	02/2021		Deep brain stimulation (DBS) for addiction, Alzheimer disease, anorexia nervosa, blepharospasm, cerebral palsy, chronic pain syndrome, chronic vegetative state, other degenerative disorders, head or voice tremor, Huntington disease, infectious diseases, metabolic disorders, minimally conscious state, obesity, Parkinson disease-related dysarthria/speech deficits, other trauma, and other drug-induced movement disorders	Chronic pain syndrome includes, but is not limited to, complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy.
03/31/12	02/2021		Deep brain stimulation (DBS) for treatment of other movement disorders and neurologic disorders	Investigative for other movement disorders such as: multiple sclerosis (MS), post-traumatic dyskinesia, progressive supra nuclear palsy, cortical-basal ganglionic degeneration, and tardive dyskinesia.  Investigative for neurologic disorders such as: Tourette syndrome, depression, obsessive compulsive disorder, and cluster headaches
09/15/20	02/2022	81506	Diabetes Biomarker Risk Score Test	Includes, but not limited to, PreDX
06/2021		0206U	DISCERN™	
		0207U	DISCERN™	
06/2020	02/2022	68841	Drug-eluting implant insertion into lacrimal canaliculus	
06/2020	02/2022	0444T 0445T	Drug-eluting ocular insert under one or more eyelids	

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05/25/04	02/2021	20560 20561	Dry needling	
05/24/05	02/2021		Dynamic intervertebral stabilization spinal systems	Also known as DSS. Examples include, but are not limited to, BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and Zodiak DynaMo System
12/2020	02/2022		Dynamic Neural Retraining System (DNRS)	Integrates components of cognitive behavioral therapy, mindfulness based cognitive restructuring, emotional restructuring therapy, neural linguistic programming, incremental training (a form of neural shaping) and behavior modification therapy purported to rewire neural circuits in the limbic system calming the hyperactive stress response.
07/22/03	02/2021		Electrical stimulation for Bell's Palsy	
09/28/04/ 11/28/06	02/2021		Electrothermal arthroscopic capsulorrhaphy for all orthopedic indications	Also known as electrothermally-assisted capsule shift (ETAC)
07/22/03	02/2021		Embryonic stem cell therapy	
07/22/03	02/2021	96002 96003 S3900	EMG (electromyography), dynamic surface	Also known as Surface EMG. Is considered an acceptable tool for kinesiological analysis of movement disorders; for differentiating types of tremors, for myoclonus and for dystonia.
06/2020	02/2022	0397T	Endoscopic retrograde cholangiopancreatography (ERCP, with optical endomicroscopy)	
01/25/05	02/2021	43210 43257 43284 43285	Endoscopic/laparoscopic gastroesophageal reflux disease (GERD) treatments	Includes, but not limited to, Angelchik, Bard EndoCinch Suturing System, EndoStim, Enteryx Therapy, EsophyX, LINX, and Stretta System (radiofrequency)
12/2020	02/2022	0114U	EsoGuard™	
12/2020	02/2022	0095U	Esophageal String Test™ (EST)	
12/2020	02/2022	0036U	EXaCT-1 Whole Exome Testing	

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5/21/09	02/2021		Exatest	Non-invasive intracellular measurement of mineral electrolytes using a buccal smear and billed using a pathology code for electron microscopy
06/2020	02/2022	0497T 0498T	External patient-activated, physician or other health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring	Such as, but not limited AliveCor Heart Monitor (iPhone ECG)
06/2020	02/2022	0512T 0513T	Extracorporeal shock wave therapy (ESWT) for integumentary wound healing, high energy, including topical application and dressing care	
12/31/04	02/2021	0101T 0102T 28890	Extracorporeal shock wave therapy (ESWT) for all musculoskeletal conditions	Includes high energy and/or when requesting anesthesia other than local
11/18/03	02/2021	61711	Extracranial/intracranial arterial bypass (anastomosis)	Investigative except when used to treat patients requiring either extended temporary or permanent proximal occlusion of major intracranial vessels while treating other types of pathology or Moyomoya
12/2020	02/2022	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Such as, but not limited to, EyeBOX® exam
06/2020	02/2022	0567T 0568T	Fallopian tube occlusion with degradable biopolymer implant, permanent and saline/air sonosalpingography to confirm occlusion of fallopian tubes	
03/12/13	02/2021	44705 G0455	Fecal microbiota/fecal transplantation for all indications except Clostridium difficile (c diff)	Also known as fecal microbiota transplantation/fecal transfusion/probiotic infusion/ fecal bacteriotherapy/stool transplant.  Investigative for all indications except Clostridium difficile
06/2020	02/2022	0475T 0476T 0477T 0478T	Fetal magnetic cardia signal recording, using at least 3 channels	

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12/2020	02/2022		Fetal in-utero surgery for the following indications: <ul style="list-style-type: none"> <li>• Fetal aortic valvuloplasty</li> <li>• Fetal tracheal occlusion for congenital diaphragmatic hernia (FETO)</li> <li>• Fetoscopic laser ablation for type 2 vasa previa</li> <li>• Shunting for the treatment of fetal cerebral ventriculomegaly</li> <li>• Treatment of amniotic band syndrome</li> <li>• Treatment of aqueductal stenosis (ie, hydrocephalus)</li> <li>• Treatment of cleft lip and/or cleft palate</li> <li>• Treatment of congenital heart disease (eg, mitral valve dysplasia)</li> <li>• Treatment of fetal hydronephrosis</li> <li>• Treatment of gastroschisis</li> </ul>	
06/2020	02/2022	0071T 0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance	
12/2020	02/2022	0117U	Foundation P1 <sup>SM</sup>	
06/2020	02/2022	0479T 0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement	
03/2021		E0770	FES of the upper extremities for all indications, including improvement of muscle strength, reduction of spasticity and atrophy, and facilitation of functional motor movement due to spinal cord injury, stroke (cerebrovascular accident/CVA), traumatic brain injury, or other upper motor neuron disorders (eg, Parkinson's disease)	Such as, but not limited to, NESS H200 (formerly HandMaster-NMS-1)

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03/2021		E0745 E0764 E0770	FES and NMES for all the following indications: <ul style="list-style-type: none"> <li>• Bell's palsy</li> <li>• Cardiac conditioning</li> <li>• Cerebral palsy</li> <li>• Chronic obstructive pulmonary disease</li> <li>• Congestive heart failure</li> <li>• Dysphagia</li> <li>• Erectile dysfunction</li> <li>• Foot drop</li> <li>• General muscle strengthening in healthy individuals</li> <li>• Improving ambulatory function and muscle strength for progressive diseases in individuals without spinal cord injury (eg, cancer, chronic heart failure, chronic obstructive pulmonary disease, multiple sclerosis)</li> <li>• Masseter muscle oral dysfunction after stroke</li> <li>• Muscle atrophy after stroke</li> <li>• Pain caused by necrosis of the femoral head</li> <li>• Treatment of denervated muscles</li> <li>• Treatment of knee osteoarthritis</li> <li>• Upper extremity hemiplegia</li> </ul>	<p>Neuromuscular electrical stimulation (NMES) can be grouped into 2 categories:</p> <ul style="list-style-type: none"> <li>• stimulation of muscles to treat muscle atrophy, and</li> <li>• enhancement of functional activity in neurologically impaired individuals.</li> </ul> <p>These devices use electrical impulses to activate paralyzed or weak muscles in precise sequence and have been utilized to provide SCI patients with the ability to walk (eg, The Parastep I System). Neuromuscular electrical stimulation used in this manner is commonly known as functional electrical stimulation (FES).</p> <p>Examples of investigative devices include, but not limited to, EMS 7500, EMPI 300 PV, Guardian dysphagia dual chamber unit, L300 Go, NexWave, OrthoDX Stimulation System, and VitalStim.</p> <p>Examples of FES/NMES of peroneal nerve, but not limited to, ODFS Dropped Foot Stimulator (Odstock), the WalkAide device, the NESS L300 Foot Drop System, and the NESS L300 Plus</p>
09/26/06	02/2021	43647 43648 43881 43882 95980 95981 95982	Gastric electrical stimulation for obesity (Enterra Therapy)	This device is considered investigative for the treatment of obesity. The device does have a Humanitarian Device Exemption (HDE) FDA approval for the treatment of chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology.
11/14/05	02/2021	91110 91111 91112	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through colon, as screening test	Investigative for screening only. Such as, but not limited to, Smart Pill, GI Monitoring System and PillCam Capsule Endoscopy
06/2020	02/2022	91113	Gastrointestinal tract imaging, intraluminal, colon	
12/2020	02/2022		Gene therapy in utero	

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12/2020 Revised 06/2021	02/2022	0101U 0102U 0103U 0130U 0131U 0132U 0133U 0134U 0135U 0136U 0137U 0138U 0157U 0158U 0159U 0160U 0161U 0162U	Genetic testing (DNA, mRNA [analytics]) by any method (eg, NGS [next-generation sequencing], Sanger sequencing, MLPA [multiplex ligation-dependent probe amplification], array CGH [comparative genomic hybridization]) for detection of variants of unknown significance in hereditary cancer	Such as , but not limited to, +RNA Insight™ for ColoNext®, BreastNext®, OvaNext®, ProstateNext®, CancerNext®, GYNPlus®, ATM, PALB2, BRCA1/2; CustomNext + RNA for APC, MLH1, MSH2, MSH6, PMS2, Lynch
09/2021		0254U	Genetic testing, Preimplantation - Aneuploidy (PGT-A)	Such as but not limited to, SMART PGT-A (Pre-implantation Genetic Testing-Aneuploidy) by Ingenomix
12/2020	02/2022	0602T 0603T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of fluorescent pyrazine agent(s)	Such as but not limited to, MediBeacon system
12/2020	02/2022	0024U	GlycA	
01/25/05	02/2021		H-Wave electrical stimulation	Pain management device
08/12/03	02/2021	P2031	Hair analysis, excluding arsenic	Chemical
03/2020	02/2022	0055U	Heart transplant rejection testing - MyTAI	
06/2021		0006M	HeproDX™	
06/2020	02/2022	0394T 0395T	High dose rate electronic brachytherapy, interstitial or intracavitary, or skin surface	
09/12/17	02/2021	55880	High intensity focused ultrasound (HIFU) for all indications, except for recurrent prostate cancer post-RT in the absence of metastatic disease	

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05/24/05	02/2021	94014 94015 94016	Home monitoring of pulmonary function using home spirometry, except after lung transplantation	
06/08/10	02/2021	S9349	Home tocolytic infusion therapy	Home tocolytic infusion therapy utilizes a low-dose subcutaneous infusion of a tocolytic agent (eg, terbutaline J3105) to prevent preterm labor in pregnant women.
06/08/10	02/2021	S9001	Home uterine activity monitoring (HUAM)	
11/18/03	02/2021		Homeopathy services and treatments	Herbal and homeopathic products and other similar remedies, medicines, and food supplements, etc., cannot be positively identified as to their content (no federal standards exist and adulteration and misbranding are concerns) and because they are not classified as drugs by the FDA, efficacy is not proven in the literature.
06/14/11	02/2021	11980 S0189	Hormone pellets, implanted estrogen or testosterone, for symptoms of menopause in females	Non-covered for the following ICD-10 codes: E28.310, E28.319, E28.39, E89.40-E89.41, N89.7, N91.0-N91.5, N92.0, N92.1, N92.2, N92.3, N92.5, N92.6, N92.7, N92.8, N92.9, N3.0, N93.8, N93.9, N95.0 – N95.9, Z79.890, Z85.43
05/21/09	02/2021	J7318 J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328 J7329 J7331 J7332 J7333	Hyaluronic acid injections into any joint other than the knee	Also known as intra-articular viscosupplementation. Such as but not limited to, Durolane, Euflexxa, Gel-One, GelSyn-3, Genvisc 850, Hyalgan, Hyaluranon, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz, Supartz FX, Synojoynt, Synvisc, Synvisc-One, TriVisc and Visco-3. Proven effective for use in knee only – can allow for: ICD-10 codes M17.0, M17.11, M17.12, M17.2, M17.5, M17.9
12/06/11	02/2021		Hyperbaric oxygen therapy for treatment of chronic brain disorders	Such as, but not limited to cerebral palsy, chronic brain injury, multiple sclerosis, or stroke. Other requests require prior authorization.

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12/06/11	02/2021	A4575 E0446	Hyperbaric oxygen therapy chamber, topical; for the treatment of wounds or ulcers	
05/02	02/2021		<p>Hyperthermia treatment for the following cancer conditions:</p> <ul style="list-style-type: none"> <li>• Deep hyperthermia alone or in combination with radiation therapy</li> <li>• Hyperthermic intrapleural chemotherapy for intrapleural mesothelioma</li> <li>• Hyperthermic administration of intraperitoneal chemotherapy for bladder cancer, colon cancer, or uterine leiomyosarcoma</li> <li>• Hyperthermic melphalan perfusion in stage I, IIIB and IIIAB extremity melanoma, as well as hyperthermia in conjunction with any other chemotherapy</li> <li>• Interstitial, intra-cavitary and whole-body hyperthermia</li> <li>• Intraperitoneal hyperthermic chemotherapy for peritoneal surface malignancy (peritoneal carcinomatosis) for indications other than pseudomyxoma peritonei or peritoneal mesothelioma</li> <li>• Regional hyperthermia for indications other than those listed above</li> <li>• Transrectal ultrasound hyperthermia for prostate cancer</li> </ul>	<p>This is a proven effective therapy for the following:</p> <ul style="list-style-type: none"> <li>. Cytoreductive/debulking surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for isolated peritoneal metastases from colon cancer, when R0 resection can be achieved; and when performed by a high-volume provider with demonstrated expertise (See coverage precedence)</li> <li>. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of pseudomyxoma peritonei.</li> <li>. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of peritoneal mesothelioma or goblet cell carcinoid tumor</li> <li>. Cytoreductive/debulking surgery combined with HIPEC for stage III epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer</li> <li>. Regional hyperthermic melphalan perfusion in members with stage II and IIIA extremity melanoma.</li> <li>. Sequential radiation – local/regional external hyperthermia only for superficial recurrent melanoma, locally advanced/recurrent breast cancers and cervical lymph node metastases from head and neck cancer</li> </ul>
12/2020	02/2022	0164U	ibs-smart™	
12/2020	02/2022	0176U	IBScheK®	
11/18/03	02/2021	S2107	Immune Effector Cell Therapy (Adoptive Immunotherapy or Adoptive Cell Transfer and Cellular Therapy [ACT]), includes Tumor Infiltrating Lymphocytes (TILs), T cell receptors (TCRs), Lymphokine Activated Killers (LAKs) and Chimeric Antigen Receptors (CARs)	Immune Effector Cell Therapy involves collecting and using the patients' own immune cells to treat their cancer. This does not apply to Provenge (sipuleucel-T) which is FDA approved for prostate cancer (see Prior Authorization List), Kymriah (Tisagenlecleucel) which is FDA approved for leukemia and lymphoma, Yescarta (Axicabtagene ciloleucel) FDA approved for non-Hodgkin Lymphoma and Imlygic (Talimogene laherparepvec) which is FDA approved for melanoma.



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03/13/12	02/2022		Implantable subcutaneous target stimulator / peripheral subcutaneous field stimulation (PSFS)/ peripheral nerve field stimulation (PNFS)	Such as, but not limited to the Sprint PNS System for use in low back pain due to Failed Back Surgery Syndrome (FBSS) or chronic migraine prevention or treatment. May be billed with CPT 64555 (this CPT is not exclusive this health care service)
03/12/13	02/2021		Inflammatory Bowel Disease (IBD), antibody marker testing to diagnose disease or to differentiate UC from Crohn's	Includes, but not limited to ACCA, ALCA, AMCA, Anti-C, Anti- L, ANCA, ASCA, ASMA, anti-OmpC, anti-Cbir1, I2 antibodies, Prometheus IBD sgi Diagnostic panel
09/23/03	02/2022	S8130 S8131	Interferential current therapy and devices	Also known as Bioelectric, Electroceutical, and Horizontal Therapy. Devices include, but are not limited to, ElecDT, ElecDT Horizon, Infinity by Empi, ProElecDT, ProElecDT Horizon, ProElecDT 2000
03/14/17	02/2021	22867 22868 22869 22870 C1821	Interspinous and interlaminar distraction devices	Includes, but not limited to, Aperius PercLID System, Coflex Interlaminar Technology Implant, CoRoent Extensure, DIAM Spinal Stabilization System, ExtenSure, FLEXUS, Falena Interspinous Decompression Device, Helifix Interspinous Spacer System, In-Space/Synthes, NL-Prow Interspinous Spacer, Stenofix, Superior ISS Interspinous Spacer System, Wallis System, X-Stop Interspinous Process Decompression (IPD) System, and X-STOP PEEK Interspinous Process Decompression (IPD) System
03/14/17	02/2021		Interspinous fixation devices	Includes, but not limited to, Affix II and Affix II Mini Spinous Process Plating System, Aileron Interspinous Fixation System, Axle/X-Spine, BacFuse, BridgePoint, CD Horizon Spire Plate Fixation System, Coflex-F, Inspan, Minuteman Interspinous Interlaminar Fusion Device, PrimaLOK SP, Octave, StabilLink MIS Interspinous Fixation Device, and SP-Fix Spinous Process Plate Fixation System
09/28/04	02/2021	0163T 0164T 0165T	Intervertebral disc prostheses for thoracic and lumbar at more than one level	Also known as Artificial Disc Prostheses for thoracic and lumbar at more than one level; Does not include cervical or single-level lumbar

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09/15/20	02/2022		Intervertebral disc prosthesis, hybrid procedures	Includes, but not limited to, total disc arthroplasty [TDA] with anterior lumbar interbody fusion [ALIF] vs non-hybrid constructs (eg, multi-level TDA, multi-level transforaminal lumbar interbody fusion [TLIF] with posterior transpedicular fixation or multi-level stand-alone ALIF) for degenerative disc disease (DDD) in the lumbar spine
09/28/04	02/2021	22526 22527	Intradiscal electrothermal annuloplasty (IDET)	
06/2020	02/2022	0329T	Intraocular pressure monitoring for 24 hours or longer	Such as, but not limited to, Sensimed Triggerfish System
06/2020	02/2022	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data	Cleery Coronary Report
06/2020	02/2022	0584T 0585T 0586T	Islet cell transplantation, percutaneous, laparoscopic, open	
07/22/03	02/2020	G0341 G0342 G0343	Islet cell transplantation for treatment of Diabetes	Under FDA biologic investigation, currently being tested in international multicenter studies. Excludes treatment post pancreatotomy for pancreatitis
12/2020	02/2022	0152U	Karius® Test	
12/2020	02/2022	0105U	KidneyIntelIX™	
12/07/10	02/2021		Laser therapy, high-power	For all indications, including, but not limited to, musculoskeletal and neuropathy conditions. Also known as Class IV therapeutic laser, and deep tissue laser therapy. Such as, but not limited to, LCT-1000, K-Laser, and ALT Laser.
09/27/05	02/2021	S8948	Laser therapy, low level	Includes nail laser used for fungus, and Verona body contouring. Also known as Cold Laser Therapy (Class III therapeutic lasers). Such as, but not limited to, Acculaser Pro, Breathe Laser, Excalibur System, GRT LITE, LightStream, MicroLight 830 Laser, or Tuco Erchonia PL3000.
06/2020	02/2022	0552T	Laser therapy, low-level, dynamic photonic and dynamic thermokinetic energies	Combines laser, infrared and red diode to produce dynamic hyperpulsed alternating therapy. Such as, but not limited to, Willow Curve Smart Laser
12/2020	02/2022	0174U	LC-MS/MS Targeted Proteomic Assay	
12/10/19	02/2021	33274	Leadless cardiac pacemaker	

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12/2020	02/2022	0166U	LiverFASt™	
09/23/03	02/2021		Lyme disease testing: <ul style="list-style-type: none"> <li>• Borrelia burgdorferi antibody index testing</li> <li>• borrelia culture</li> <li>• C6 peptide ELISA assay (using recombinant VisE1 or peptide antigens of Borrelia burgdorferi)</li> <li>• CD57+ lymphocyte counts</li> <li>• IgA screen (IFA)</li> <li>• Lyme Dot Blot Assay for antigen</li> <li>• polymerase chain reaction for identification or quantification of Lyme disease (B. burgdorferi)</li> <li>• provocative testing (testing for B. burgdorferi after antibiotic provocation)</li> <li>• serum borreliacidal assay</li> <li>• spirochetal DNA or RNA</li> <li>• T-cell proliferation response assay</li> <li>• 31kDa Epitope Test for IgM</li> <li>• urine antigen assay</li> </ul>	According to the CDC (1995), the recommended method for serologic detection of active disease or previous infection involves a two-test approach using an IgM sensitive enzyme immunoassay (EIA)/enzyme-linked immunosorbent assay (ELISA) or indirect immunofluorescence assay (IFA) followed by a, IgG and IgM Western immunoblot. All specimens positive or equivocal by a sensitive EIA/ELISA or IFA should be tested by a standardized Western immunoblot. When the results of EIA/ELISA or IFA are negative, there is no need to test further.
06/2021		0017M	Lymph2Cx	
12/2020	02/2022	0120U	Lymph3Cx Lymphoma Molecular Subtyping Assay	
12/2020	02/2022	0077U	M-Protein Detection and Isotyping by MALDI-TOF Mass Spectrometry	
06/2020	02/2022	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry	
06/2020	02/2022	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic brain lesion, intracranial for movement disorder	
12/2020	02/2022	0609T 0610T 0611T 0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar)	Such as, but not limited to, NOCISCAN™ Suite
05/22/07	02/2021	95965 95966 95967 S8035	Magnetoencephalography (MEG) or magnetic source imaging (MSI) for all indications except localization/ evaluation of tumors and presurgical mapping of epileptic focus.	.

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06/2020	02/2022	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling	
06/08/10	02/2021	E1801 E1802 E1806 E1811 E1815 E1816 E1818 E1831 E1840 E1841	Mechanical Stretch Devices: Dynamic Splinting Devices (aka Low-load prolonged stretch [LLPS] devices) for use on forearm, ankle, and shoulder; bi-directional static progressive (SP) devices; Patient-actuated serial stretch (PASS) devices	<p>Dynamic splinting devices (aka LLPS devices) are investigative for use on forearm, ankle, and shoulder. LLPS devices include, but are not limited to Dynasplint, Ultraflex, LMB Pro-glide, EMPI Advance, and SaebFlex. Devices are proven effective for use on elbow (E1800), wrist (E1805), knee (E1810/E1812) and finger (E1825). (see DME list)</p> <p>SP devices are investigative for all indications. SP devices include, but are not limited to, Joint Active Systems (JAS) splints (e.g. JAS Elbow, JAS Shoulder, JAS Ankle, JAS Knee, JAS Wrist, and JAS Pronation-Supination), and Air Cast</p> <p>PASS devices are investigative for all indications. Such as, but are not limited to, ERMI Knee Extensionater, ERMI Elbow Extensionater, ERMI Knee/Ankle Flexionater, ERMI Shoulder Flexionater, and knee extension devices (eg, Elite Seat)</p>
06/2020	02/2022	0207T 0563T	Meibomian glands evacuation, automated, using heat and intermittent pressure	Such as, but not limited to, iLux, LipiFlow System, MiBo ThermoFlo
08/10/04	02/2020		Metallothionein protein assessment and treatment	Provided by Pfeiffer Treatment Center
05/10/05	02/2021		Metronome training	
06/2021	02/2022	0211U	MI Cancer Seek™ - NGS Analysis	Caris
12/2020	02/2022	0119U	MI-HEART Ceramides, for assessing CHD risk	
05/24/05	02/2020		Microcurrent stimulation devices	Also known as alpha-stimulation. Such as, but not limited to, Alpha Stim, Electro-Acuscope Myopulse Therapy System, Inspirstar, MENS, MET, Microstim, U-Stim
06/2021		L2006	Microprocessor-controlled Knee-Ankle-Foot Orthoses	Such as but not limited to the Ottobock Sensor Walk Electronic KAFO, C-Brace Orthotronic Mobility System
06/2021	02/2022		Molecular Intelligence® Comprehensive Tumor Profiling /MI Tumor Seek™ / MI Profile®	Also known as Caris Molecular Intelligence® Comprehensive Tumor Profiling or Caris MI Profile®
12/2020	02/2022	0087U	Molecular Microscope® MMDx—Heart	

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12/2020	02/2022	0088U	Molecular Microscope® MMDx—Kidney	
06/08/10	02/2021		Molecular testing, chemotherapy/ chemosensitivity/ tumor resistance (cytotoxicity) assay testing (in vitro assays challenging tumor cells against chemotherapy agents)	In vitro assays challenging tumor cells against chemotherapy agents. Examples include, but not limited to, ChemoFx Assay 81535/81536 – note may be allowed in recurrent ovarian cancer disease with two or less previous chemotherapy regimens, and re-biopsy of tissue), other examples, but not limited to, adenosine triphosphate bioluminescence assay (ATP), methyl-thiazolyl-diphenyltetrazolium bromide assay (MTT), extreme drug-resistance assay (EDRA), Onco4D 0083U, 3D Predict Ovarian Doublet panel 0324U, 3D Predict Ovarian PARP panel 0325U .
12/13/17	02/2021		Molecular testing, circulating tumor cells/markers (ctDNA) or cell-free DNA (cfDNA) testing for the management of all cancers, specifically breast, colorectal, melanoma, and prostate; does not include companion diagnostics or required test, as listed on the U.S. Food and Drug Administration (FDA) List of Cleared or Approved Companion Diagnostic Devices or on the package insert under Indications and Usage	Examples include, but are not limited to, CancerIntercept® Detect (liquid biopsy), CellSearch® System, GeneStrat (liquid biopsy), FirstSightCRC 0091U, Resolution ctDx Lung® 0179U, Invitae PCM Tissue 0306U, Invitae Profiling and MRD 0307U, Guardant360 0326U, HeliLiver Test 0333U, CELLSEARCH HER2 Circulating Tumor Cell (CTC-HER2) Test 0338U

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3/10/15	02/2021		Molecular testing, gene expression profiling for breast cancer except for Breast Cancer Index, EndoPredict, Oncotype DX Breast Cancer Assay, MammaPrint, and Prosigna	Investigative testing includes, but is not limited to the following: <ul style="list-style-type: none"> <li>• 41-gene signature assay</li> <li>• BBBDRisk DX 0067U</li> <li>• Blueprint® (80-gene profile)</li> <li>• Breast Cancer Gene Expression Ratio (also known as Theros H/ISM)</li> <li>• BreastOncPx™ or Breast Cancer Prognosis Gene Expression Assay</li> <li>• BreastPRS</li> <li>• DCISionRT® 0295U</li> <li>• Genomic Grade Index (also known as MapQuant Dx™)</li> <li>• HERmark® Breast Cancer Assay</li> <li>• Insight™ DX Breast Cancer Profile</li> <li>• Insight TNBCtype™ 0153U</li> <li>• Mammostrat™</li> <li>• NexCourse® Breast IHC4</li> <li>• Oncotype DX® DCIS 0045U</li> <li>• Rotterdam signature assay (76-gene assay)</li> <li>• SYMPHONY™ Genomic Breast Cancer Profile</li> <li>• TargetPrint®</li> </ul>
09/13/16	02/2021		Molecular testing, gene expression profiling for cancers of unknown primaries/occult primary tumors	Investigative testing includes, but is not limited to the following: CancerTYPE ID® Test 81540, ProOnc TumorSourceDX™ Test 81540, ResponseDX: Tissue of Origin Test™ (Pathwork® Tissue of Origin-CPT 81504), and Rosetta Cancer Origin Test™ (miRview® mets and miRview® mets2 tests) 81540
09/13/16	02/2021		Molecular testing, gene expression profiling for colorectal cancer	Investigative testing includes, but is not limited to the following: ColDx, ColoPrint, Colorectal Cancer DSA®, GeneFx Colon®, miR-31now 0069U, OncoDefender-CRC®, Oncotype DX® Colon Cancer Assay 81525, Polyp DX 0002U

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06/2021			Molecular testing, pre-biopsy gene expression profiling for indeterminate cutaneous lesions, such as but not limited to, Pigmented Lesion Assay	Investigative testing includes, but is not limited to Pigmented Lesion Assay 0089U
12/11/18	02/2021		Molecular testing, post-biopsy (prognostic) gene expression profiling for cutaneous melanoma, such as but not limited to, DecisionDX-Melanoma	Investigative testing includes, but is not limited to DecisionDx-Melanoma 81529 Note: does not apply to uveal melanoma testing with DecisionDx-UM
09/13/16	02/2021	81500 81503	Molecular testing, gene expression profiling and/or molecular testing for predicting malignancy in women with adnexal mass	Includes, but not limited to, OVA1 81503, 0003U, and Risk of Ovarian Malignancy Algorithm (ROMA) 81500
3/10/15	09/2022		Molecular testing, gene expression profiling and/or molecular testing for prostate cancer, such as but not limited to the following: <ul style="list-style-type: none"> <li>• ProstaVysion®</li> <li>• Apifyny 0021U</li> <li>• Prostate Cancer Risk Panel – Mayo 0053U</li> <li>• NeoLAB Prostate liquid biopsy 0011M</li> <li>• PanGIA Prostate 0228U</li> <li>• miR Sentinel™ Prostate Cancer Test 0343U</li> </ul>	See Molecular Testing, Tumor/ Neoplasm Biomarkers (MC/L012) for covered tests
03/2021		81554	Molecular testing, gene expression analysis for idiopathic pulmonary fibrosis	Envisia® Genomic Classifier by Veracyte, Inc.
03/28/06	02/2021	A4639 E0221	Monochromatic infrared therapy (infrared heating pad)	As a technique to treat all indications, including, but not limited to, musculoskeletal conditions, diabetic neuropathy, cutaneous ulcers, or lymphedema. Also known as Anodyne Therapy.
12/2020	02/2022	0048U	MSK-IMPACT (Integrated Mutation Profiling of Actionable Cancer Targets)	
03/15/16	02/2021	81490	Multi-biomarker disease activity (MBDA) test for Rheumatoid Arthritis (RA)	Such as, but not limited to, Vectra® DA
12/2020	02/2022	0050U	MyAML NGS Panel	
06/2020	02/2022	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability	
06/2020	02/2022	0541T 0542T	Myocardial imaging by magnetocardiography for detection of cardiac ischemia	

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06/2020	02/2022	0331T 0332T	Myocardial sympathetic innervation imaging	
12/2020	02/2022	0068U	MYCODART Dual Amplification Real Time PCR Panel for 6 Candida species	
12/2020	02/2022	0109U	MYCODART Dual Amplification Real Time PCR Panel for 4 Aspergillus species	
06/09/15	02/2021	J7402 S1061	Nasal implant, stents, or spacers, steroid-eluting for chronic sinusitis without polyposis	Such as, but not limited to, Propel™ Steroid-Releasing Implant, Relieva Stratus™ MicroFlow spacer, Sinu-Foam™ spacer, and Sinuva™ Sinus Implant
03/2021	02/2022	30468	Nasal valve collapse repair with subcutaneous/submucosal lateral wall implant	Such as but not limited to, Spiros Latera absorbable nasal implant
06/2021		0003M	NASH FibroSURE	
06/2020	02/2022	0507T	Near-infrared dual imaging of meibomian glands	Such as, but not limited to, LipiScan Dynamic Meibomian Imager
03/28/06	02/2022		NMES and TENS combination	Such as, but not limited to, Empi Phoenix, KneeHab, QB1 powered muscle stimulator
	02/2020	E0744	Neuromuscular electrical stimulator for scoliosis	
12/2020	02/2022		Neutron beam therapy for all indications not allowed in clinical policy Radiation Therapy, Neutron Beam (MC/L024), including, such as but not limited to: <ul style="list-style-type: none"> <li>• Colon cancer</li> <li>• Dermatofibrosarcoma protuberans</li> <li>• Ghost cell odontogenic carcinoma</li> <li>• Glioma</li> <li>• Kidney cancer</li> <li>• Laryngeal cancer</li> <li>• Lung cancer</li> <li>• Pancreatic cancer</li> <li>• Prostate cancer</li> <li>• Rectal cancer</li> <li>• Soft tissue sarcoma</li> </ul>	
3/12/13	02/2021		NOD2/CARD15 genetic testing to assess for complicated ulcerative colitis	



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12/11/18	02/2021	81422 0060U	Non-invasive prenatal testing (NIPT) using cell-free DNA (cfDNA) for the following: <ul style="list-style-type: none"> <li>• Detection of microdeletion syndromes</li> <li>• Fetal sex determination for fetal sex chromosome aneuploidy (SCA) screening</li> </ul>	
08/08/14	02/2021	E0761 G0295 G0329	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device (electromagnetic stimulation)	Example, but not limited to, OrthoCor Active Knee System, Diapulse, Provant Wound Closure System, SofPulse
12/2020	02/2022	0063U	NPDX ASD ADM Panel I	
03/23/04	02/2021		NTI-tss device for migraine headaches	Such as, but not limited to, Nociceptive Trigeminal Inhibition Tension Suppression System, a small pre-fabricated anterior bite-stop used for the prevention and treatment of bruxism, temporomandibular disorders (TMDs), occlusal trauma, tension-type headaches and/or migraine
09/13/11	02/2021		Neurostimulation, occipital nerve stimulation for headaches	May be billed with CPT 64575 incision for implantation of neurostimulator electrode array; peripheral nerve (this CPT is not exclusive to occipital nerves)
09/2021			Neurostimulation/electrical stimulation, trigeminal nerve – for attention-deficit/hyperactivity disorder (ADHD) in pediatrics; non-invasive/external	Such as but not limited to the Monarch External Trigeminal Nerve Stimulation (eTNS) System
09/2021			Neurostimulation/electrical stimulation, vagus nerve – for prevention and treatment of headache; non-invasive/external	Such as, but not limited to the gammaCore (nVNS) stimulator
06/2021			Neurostimulation, vagus nerve - for depression	

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6/14/11	02/2021		Obstructive Sleep Apnea (OSA) Treatments: <ul style="list-style-type: none"> <li>• Adjustable tongue-advancement device (eg Advance system)</li> <li>• Apnea triggered muscle stimulation</li> <li>• Cardiac (Atrial) Pacing</li> <li>• Cautery-Assisted Palatal Stiffening Operation (CAPSO) CPT 42950</li> <li>• Epiglottidectomy CPT 31420</li> <li>• Expansion sphincteroplasty</li> <li>• Flexible Positive Airway Pressure (pressure-relief C-PAP [C-Flex, Respiroics])</li> <li>• Genioplasty/genial tubercle advancement CPTs 21120, 21121, 21122, 21123</li> <li>• Glossectomy, partial CPTs 41120, 41130, 41135</li> <li>• Injection Snoreplasty</li> <li>• Laser assisted Uvuloplasty (LAUP) CPTs 42160, 42890; HCPCS S2080</li> <li>• Mandibular distraction osteogenesis (MDO) CPTs 21120, 21121, 21122, 21123, 21199</li> <li>• Nasal dilators</li> <li>• Obstructive Sleep Apnea (OSA) oral appliance to restore proper mandibular alignment after use of overnight sleep apnea appliance, for prevention of temporomandibular joint dysfunction (such as, but not limited to, the Direct AM Positioner, Morning Repositioner [SomnoMed])</li> <li>• Palatal Implants (Pillar Procedure) CPT C9727</li> <li>• Provent Sleep Apnea Therapy</li> <li>• Radiofrequency Volumetric Tissue Reduction of the palate, tongue, or uvula (Somnoplasty/Coblation) CPT 30801,30802, 41530</li> <li>• Remotely controlled mandibular positioner</li> <li>• Tongue based reduction surgery</li> <li>• Tongue Based Suspension (eg, Repose or AIRvance) CPT 41512</li> <li>• Winx therapy system/oral pressure therapy</li> </ul>	Provent Sleep Apnea Therapy is also known as expiratory positive airway pressure or nasal EPAP See clinical policies OSA, Surgical Treatment in Adults (MC/C007) and OSA, Non-Surgical Treatment (MC/C011) for covered indications
12/2020	02/2022	0019U	Onco Target/OncoTreat	
06/2021		0244U	Oncotype MAP™ Pan Cancer Tissue Test	

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06/2020	02/2022	0470T 0471T	Optical coherence tomography for microstructural and morphological imaging of skin	
06/2020	02/2022	0351T 0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen	
06/2020	02/2022	0353T 0354T	Optical coherence tomography of breast, surgical cavity	
06/2020	02/2022	0485T 0486T	Optical coherence tomography of middle ear	
12/2020	02/2022	0604T 0605T 0606T	Optical coherence tomography (OCT) of retina	Such as, but not limited to, Notal OCT Analyzer
12/2020	02/2022	0110U	Oral Oncolytic AssuranceRX	
12/2020	02/2022	0066U	PartoSure™ Test	
03/19/18	02/2021		Pelvic denervation procedures for treatment of chronic pelvic pain and all other indications	Procedures include uterine nerve ablation (UNA), laparoscopic uterine nerve ablation (LUNA) and presacral neurectomy (PSN)
06/2020	02/2022	0274T 0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, single or multiple levels, unilateral or bilateral; cervical, thoracic or lumbar	
06/2020	02/2022	0200T 0201T	Percutaneous sacral augmentation (sacroplasty)	
12/2020	02/2022	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Such as, but not limited to, InterAtrial Shunt Device (IASD) from Corvia Medical
06/2020	02/2022	0553T	Percutaneous transcatheter placement of iliac arteriovenous (AV) anastomosis implant	Used for creation of AV fistula, angioplasty and/or stent placement. Such as, but not limited to, ROX Medical AV coupler used for hypertension

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
2013	12/2021		<p>Pharmacogenetic/pharmacogenomic testing of all of the following:</p> <ul style="list-style-type: none"> <li>• ABCB1 genotyping to determine drug metabolizer status for all drugs</li> <li>• ADRA2A genotyping to determine drug metabolizer status for all drugs</li> <li>• ANKK1 genotyping to determine drug metabolizer status for all drugs</li> <li>• BDNF genotyping to determine drug metabolizer status for all drugs</li> <li>• COMT genotyping to determine drug metabolizer status for all drugs 0032U</li> <li>• Cytochrome P450 (CYP450) genotyping to detect polymorphisms, including, but not limited to, CYP1A2 PLA 0031U, CYP3A4, CYP3A5 CPTs 81230, 81231               <ul style="list-style-type: none"> <li>○ Does not include the following:                   <ul style="list-style-type: none"> <li>▪ CYP2C19 variant(s) for:                       <ul style="list-style-type: none"> <li>➢ Clopidogrel (Plavix)</li> <li>➢ Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder</li> </ul> </li> <li>▪ CYP2D6 variant(s) for (revised 12/21)                       <ul style="list-style-type: none"> <li>➢ Eliglustat (Cerdelga) in persons with Gaucher disease type 1</li> <li>➢ Tetrabenazine (Xenazine) doses greater than 50mg per day</li> <li>➢ Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder</li> </ul> </li> </ul> </li> <li>• DRD2 genotyping to determine drug metabolizer status for all drugs</li> <li>• FKBP5 genotyping to determine drug metabolizer status for all drugs</li> <li>• GRIK4 genotyping to determine drug metabolizer status for all drugs</li> <li>• HLA-A*31:01 genotyping to determine drug metabolizer status for all drugs</li> <li>• HLA-B*1502, 15:13 genotyping to determine drug metabolizer status for all drugs except for persons of Asian ancestry before initiating treatment with carbamazepine (Tegretol)</li> <li>• HLA-B*5701 screening except for persons with HIV-1 before starting treatment with abacavir (Ziagen)</li> </ul> </li></ul>	<p>Includes panel testing, such as, but not limited to, AmpliChip™, GeneSight® ADHD, GeneSight® Analgesic, GeneSight® MTHFR, Millennium PGT<sup>SM</sup>, YouScript®, Warfarin Response Genotype 0030U, INFINITI® Neural Response Panel 0078U</p> <p>See clinical policy(ies) Pharmacogenetic/ Pharmacogenomic Testing (MP/P013) and Pharmacogenetic/ Pharmacogenomic Testing CYP2C19, CYP2D6 (MC/L017) for covered indications</p>

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
2013	12/2021		Pharmacogenetic/pharmacogenomic testing (continued) <ul style="list-style-type: none"> <li>• HTR1A genotyping to determine drug metabolizer status for all drugs</li> <li>• HTR2A genotyping to determine drug metabolizer status for all drugs PLA 0033U</li> <li>• HTR2C genotyping to determine drug metabolizer status for all drugs</li> <li>• MC4R genotyping to determine drug metabolizer status for all drugs</li> <li>• MTHFR genotyping for determining therapeutic response to antifolate chemotherapy and for guiding antidepressant therapy</li> <li>• OPRM1 genotyping to determine drug metabolizer status for all drugs</li> <li>• SLC6A4 genotyping to determine drug metabolizer status for all drugs</li> <li>• SLCO1B1 genotyping to determine drug metabolizer status for all drugs</li> <li>• TXNRD2 genotyping to determine drug metabolizer status for all drugs</li> <li>• UGT2B15 genotyping to determine drug metabolizer status for all drugs</li> <li>• VKORC1 genotyping to determine drug metabolizer status for all drugs CPT 81355</li> </ul>	
5/24/05	02/2021	96567 96570 96571 96573	Photodynamic Therapy for dermatologic Conditions except refractory actinic keratosis, basal cell carcinoma, and squamous cell carcinoma in-situ (Bowen's disease).	Proven effective for refractory actinic keratosis, basal cell carcinoma, and squamous cell carcinoma in-situ (Bowen's disease) only. May also be used with blue light (violet light). The photosensitizing agent used must be FDA approved for that specific diagnosis.
06/2021		0243U	PIGF Preeclampsia Screen	
09/15/10	02/2021	0101T 28890	Plantar fasciitis treatments: cold/controlled ablation, cryosurgery, extracorporeal shock wave therapy, radiofrequency lesioning, and radiotherapy	Including, but not limited to, Coblation®, TOPAZ® MicroDebrider, MyACT, Piezoelectric shock wave
07/22/03	02/2021	S9055	Platelet Derived Growth Factors	Examples include Procuren and Regranex. Can allow Regranex for non-healing diabetic neuropathic ulcers/diabetic foot ulcers
09/27/05	02/2021	0232T	Platelet Injection into tissue (autologous)/Platelet Rich Plasma (PRP) injections	Examples include, but not limited to: achilles tendonitis, lateral epicondylitis, and plantar fasciitis.
12/2020	02/2022		Pneumatic compressor, segmental home model with calibrated gradient pressure used to treat lymphedema that does not extend onto the chest, trunk and/or abdomen	

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01/27/04	02/2021		Pneumatic lumbar traction device (gravity assisted - spinal unloading device)	Devices include, but not limited to, Orthotract, Pneumatic Vest, LTX 3000
09/13/22			Positron Emission Tomography (PET) imaging with $\beta$ amyloid or tau tracers for diagnosis of Alzheimer's Disease	Includes the use of the following tracers Amyvid™ (florbetapir F18) A9586, NeuraCeq™ (florbetaben F18) Q9983, Tauvid (flortaucipir F18) A9601 and Vizamyli™ (flutemetamol F18) Q9982
06/2020	02/2022	0219T 0220T 0221T 0222T	Posterior intrafacet implant, cervical, thoracic and lumbar; unilateral or bilateral, single or multiple level	Such as, but not limited to, Total Posterior-element System (TOPS) (Premia Spine), Total Facet Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical)
06/2020	02/2022	0202T	Posterior vertebral joint arthroplasty, including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, single level, lumbar spine	
06/2021		0220U	PreciseDX Breast cancer test	
06/2021		0203U	PredictSURE IBD™ test	
06/2021		0247U	PreTRM®	
12/2020	02/2022	L5969	Prosthesis, lower limb - powered microprocessor component - Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
12/2020	02/2022	L6715	Prosthesis, upper limb - partial or full hand prosthesis with individually powered digits (multiple articulating)	Such as, but not limited to, ProDigits
12/2020	02/2022	L6880	Prosthesis, upper limb - implantable myoelectric controlled sensors for upper limb and hand prostheses	
07/22/03	02/2021	M0076	Prolotherapy	Injection of dextrose and lidocaine into soft tissues. Intent is to rebuild tissue and manage pain.
09/15/15	02/2021		Proton beam therapy (PBT) for treatment of primary prostate cancer	
01/25/05	02/2021		Protonics Neuromuscular Repositioning System	
06/2020	02/2022	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	
06/2020	02/2022	0208T 0209T	Pure tone audiometry, automated, air and/or bone	

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03/28/06	02/2022	0106T 0107T 0108T 0109T 0110T G0255	Quantitative sensory testing (QST) for Assessment of Nerve Function	Also known as Pressure Specified Sensory Testing for Assessment of Nerve Function
12/2021			Radiofrequency ablation (RFA) of peripheral nerves for all other pain indications not included in medical policy MC/F024	Examples include, but are not limited to hip pain, shoulder pain, occipital neuralgia, headache, or Complex Regional Pain Syndrome (see clinical policy Radiofrequency Ablation Cervical, Thoracic, Lumbosacral, Sacroiliac or Knee Pain (MC/F024) for covered indications
09/13/11	02/2022		Radiofrequency ablation (RFA) techniques, pulsed and water-cooled	These techniques are investigative for any indication. Does not include non-pulsed RFA
06/2020	02/2022	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy	Such as, but not limited to, MarginProbe
06/2020	02/2022	0347T 0348T 0349T 0350T	Radiostereometric analysis (RSA), placement of interstitial device(s) in bone and radiologic examination by RSA for spine, upper and lower extremities	
06/2020	02/2022	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy	
12/2020	02/2022	96931 96932 96933	Reflectance confocal microscopy for cellular and subcellular imaging of skin	
12/2020	02/2022	0607T 0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center;	Such as, but not limited to, Zoll Heart Failure and Arrhythmia Management Systems (HFAMS)
06/2020	02/2022	0469T	Retinal polarization scan, ocular screening with on-site automated results	

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06/2020	02/2022	0100T 0472T 0473T C1841 C1842 L8608	Retinal prosthesis, subconjunctival	
12/2020	02/2022	0092U	REVEAL Lung Nodule Characterization	
06/2021		K1007	Robotic lower body exoskeleton suit	Such as but not limited to ReWalk
03/13/12	02/2021		Sacral nerve stimulation (SNS) for the treatment of chronic constipation, chronic pelvic pain, and stress incontinence	
09/15/15	02/2021	27280	Sacroiliac joint fusion (arthrodesis) open for low back pain due to sacroiliac joint syndrome, mechanical low back pain, degenerative sacroiliac joint, and radicular pain syndromes	
06/08/10	02/2021	S3650	Salivary hormone testing	Salivary cortisol testing is proven effective only in diagnosing Cushing syndrome
06/08/10	02/2021		Saliva and urine neurotransmitter testing	Urine testing of epinephrine, norepinephrine, and dopamine are proven effective only in diagnosing pheochromocytoma.
06/2020	02/2022		Secretory type II phospholipase A2 (sPLA2-IIA)	
05/25/04	02/2022		Septal closure devices for patent foramen ovale (PFO) for migraines	
07/22/03	02/2021	93278	Signal-averaged ECG/EKG (SAECG)	
05/24/05	02/2021		Single photon emission computed tomography (SPECT) for mental health diagnosis	
12/2020	02/2022	0062U	SLE-key® Rule Out	



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04/2022		A2001- A2018 Q4100- Q4261	Skin and Soft Tissue Substitutes; does not include the products listed under Comments	Does not include the following: Q4101 Apligraf Q4102 Oasis wound matrix Q4103 Oasis burn matrix Q4104 Integra bilayer matrix wound dressing Q4105 Integra dermal regeneration template or Integra Omnigraft dermal regeneration matrix Q4106 Dermagraft Q4107 GRAFTJACKET Q4108 Integra matrix Q4113 GRAFTJACKET XPRESS Q4116 Alloderm Q4122 DermaCELL, DermACELL AWM or DermaCELL AWM porous Q4124 OASIS ultra tri-layer wound matrix Q4128 FlexHD, AllopatchHD, or Matrix HD Q4132 Grafix Core or GrafixPL Core Q4133 Grafix PRIME, Grafix PL PRIME, Stravix and StravixPL Q4182 TransCyte Q4186 Epifix
06/2020	02/2022	0210T 0211T	Speech audiometry threshold, automated, with or with-out speech recognition	
12/2020	02/2022		Stem cell transplantation in utero	
06/08/10	06/2021	S2117 0335T 0510T 0511T	Subtalar joint arthroereisis and implant for flexible flat foot syndrome	Examples of implants are Maxwell-Brancheau (MBA) or HyProCure Sinus Tarsi
05/10/05	02/2021		Suit Therapy	Such as, but not limited to, Adeli suit, Penguin suit, Polish suit, stabilizing pressure input orthoses (SPIO) suit, Therapy Suit, Therasuit, and TheraTogs
06/2020	02/2022	0465T	Suprachoroidal injection of a pharmacologic agent	
05/24/05	02/2021		Sympathetic stimulation	Such as, but not limited to, Dynatron STS Sympathetic Therapy

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06/2020	02/2022	0422T	Tactile breast imaging by computer-aided tactile sensors	
06/2020	02/2022	0330T	Tear film imaging	Such as, but not limited to, LipiView Ocular Surver Interferometer
06/2020	02/2022	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
07/22/03	02/2021	93740	Thermography (thermal imaging, infrared imaging, temperature gradient studies)	DITI: digital infrared thermal imaging. Also known as Breast Thermal Imaging
12/2020	02/2022	0106U	13c_Spirulina Gastric Emptying Breath Test (GEBT)	
03/25/08	02/2021		Tinnitus retraining	
03/25/08	02/2021		Tinnitus masking devices	Devices include, but not limited to, Neuromonics Tinnitus Treatment, Dynamic Tinnitus Mitigation System (DTM-6), Tinni Tech ANMP System, Quiescence, Ultraquiet, and Xino
12/2020	02/2022	0108U	TissueCypher® Barrett's Esophagus Assay	
9/15/10	02/2021		Topographic genotyping	Including, but not limited to, PathfinderTG® from RedPath Integrated Pathology - A molecular DNA-based cancer diagnostic test which obtains a genetic fingerprint of mutations from routine histology and cytology slides as well as fluid samples.
11/14/05	02/2021		Total hip resurfacing for patients 65 years of age and over	Does not include femoral head resurfacing and partial hip resurfacing or patients less than age 65
06/2020	02/2022	0543T	Transapical mitral valve repair with placement of artificial chordae tendineae	Such as, but not limited to, the NeoChord System and Permavalve
05/25/04	02/2021		Transcatheter closure services for cardiac septal defects/Non-FDA approved devices	Examples, but not limited to, Angel Wings Occluder, Atrial Septal Defect Occluder System (ASDOS), Cardio Star Patent Foramen Closure System, Sideris Buttoned Device STARFlex. All devices, including those that are FDA approved, are billed with C1817.

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
03/25/08	02/2021		Transcatheter closure devices used off label for closure of patent foramen ovale (PFO) for migraine	Investigative for treatment of migraines. Considered medically necessary for treatment of embolic strokes or TIAs or cryptogenic strokes. Case review for any other indication. (Please note this will be an off-label use of a device, but be sure device is an FDA approved device, no device is currently FDA approved for closure of PFO).
12/2021			Transcatheter embolization, prostatic artery for benign prostatic hypertrophy (BPH)	
06/2020	02/2022	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach, with or without transseptal puncture	
	02/2022	0545T	Transcatheter tricuspid valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach	
06/2020	02/2022	0483T 0484T	Transcatheter mitral valve implantation/ replacement	
06/2020	02/2022	0338T 0339T	Transcatheter renal sympathetic denervation, percutaneous approach	
06/2020	02/2022	0569T 0570T	Transcatheter tricuspid valve repair	
09/19/18	02/2021		Transcranial magnetic stimulation, single-pulse (sTMS) for treatment and prevention of migraine	Such as, but not limited to eNeura Therapeutics® SpringTMS® device
01/25/05	02/2021	E0762	Transcutaneous electrical joint stimulation device for all indications	Including, but not limited to, BioniCare (BIO-1000), J- Stim 1000
06/24/14	02/2021		Transcutaneous electrical nerve stimulation for treatment and prevention of migraines	Including, but not limited to, Cefaly TENS headband
06/2020	02/2022	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler/Calmare [ST] therapy)	
06/2020	02/2022	0234T 0235T 0236T 0237T 0238T	Transluminal peripheral atherectomy, open or percutaneous; renal, visceral, abdominal aorta, brachiocephalic trunk/branches, and iliac arteries	

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06/2020	02/2022	53451 53452 53453 53454	Transperineal periurethral balloon continence device except for use in males after prostate treatment, eg, radical prostatectomy or TURP	Such as, but not limited to ACT, ProACT Therapy System
05/24/05	02/2021	E2120	Transtympanic micropressure device	For the treatment of Meniere's disease. Such as, but not limited to, Meniett Device
	02/2022	0582T	Transurethral ablation of prostate tissue	
12/2020	02/2022	0061U	Transcutaneous multispectral measurement of tissue oxygenation and hemoglobin using Spatial Frequency Domain Imaging (SFDI)	
06/2020	02/2022	0421T	Transurethral waterjet ablation of prostate	Also known as Aquablation, AquaBeam
12/2020	02/2022	0060U	Twins Zygosity PLA	
06/2020	02/2022	0583T	Tympanostomy, using an automated tube delivery system, iontophoresis local anesthesia	
09/2021			Ultrasound-guided percutaneous ablation of soft tissues for musculoskeletal conditions	Such as, but not limited to TX1 Tissue Removal System from Tenex Health
09/15/10	02/2021	A6000 E0231 E0232 97610	Ultrasound therapy for the management of chronic wounds (low-frequency, non-contact, normothermic/non-thermal)	Including, but not limited to MIST Therapy®, Sonoca™, Warm-Up®, or AR1000 Ultrasonic Wound Therapy Systems
12/2020	02/2022	0025U	UrSure Tenofovir Quantification Test	
06/2020	02/2022	0312T 0313T 0314T 0315T 0316T 0317T	Vagus nerve blocking therapy (morbid obesity)	
12/2020	02/2022	0052U	VAP Cholesterol Test	

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See specific entries	02/2021		Varicose Vein procedures <ul style="list-style-type: none"> <li>• Cryoablation/cryostripping</li> <li>• Endovenous ablation (laser or radiofrequency) for treatment of reflux of the common femoral vein 01/01/21</li> <li>• Endovascular catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous (KAVS) 0524T</li> <li>• Measurements of plasma growth factors (eg, angiotensin-1 [ANG1], angiotensin-2 [ANG2], epidermal growth factor [EGF], platelet-derived growth factor [PDGF], and vascular endothelial growth factor [VEGF]) for predicting adequacy of treatment and recurrence risk before and after treatment with endovenous laser ablation 01/01/21</li> <li>• Medical adhesive treatments, eg, VenaSeal Closure System CPT 36482/36483</li> <li>• Micronized purified flavonoid fraction (MPFF) (oral drug)</li> <li>• Polymorphism genotyping of matrix metalloproteinases genes (eg, MMP1, MMP2, MMP3, and MMP7) as markers of predisposition to varicose veins 01/01/21</li> <li>• Synthetic matrix metalloproteinases inhibitors 01/01/21</li> <li>• Transdermal laser treatment for the treatment of large varicose veins 01/01/21</li> <li>• VeinGogh Ohmic Thermolysis (RFA device)</li> <li>• VeinOPlus vascular device for treatment of muscle atrophy due to varicose veins 01/01/21</li> </ul>	See clinical policy Varicose Vein Treatments (MC/J001) for covered procedures  Medical adhesive treatments are also called cyanoacrylate superglue or n-butyl-cyanoacrylate.
12/2020	02/2022	0165U	VeriMAP Peanut Dx – Bead-based Epitope Assay	
12/2020	v	0178U	VeriMAP™ Peanut Sensitivity – Bead Based Epitope Assay	
01/25/05	01/2021	S9090	Vertebral axial spinal distraction therapy, mechanized (traction decompression)	Devices include, but are not limited to, Accu-Spina System IDD, DRX2000, DRX3000, DRX5000, DRX9000, Lordex, SpineMED, SpineRX LDM, Tru Tac 401, and VAX-D.
03/2021		92517 92518 92519	Vestibular evoked myogenic potential (VEMP) testing, cervical and ocular	
12/2020	02/2022	0118U	Viracor TRAC™ dd-cfDNA	

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05/23/06	02/2021		Visceral Manipulation (visceral massage)	
09/28/04	02/2021	92065 97110	Vision therapy - Orthoptics	Also known as orthoptic and/or pleoptic training. Check COC or SPD for benefits. Does not include treatment of convergence insufficiency: ICD-10 codes H51.11, H51.12
06/2020	02/2022	0333T 0464T	Visual evoked potential (VEP), screening for visual acuity, automated; VEP testing for glaucoma	
06/2020	02/2022	0378T 0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	Devices include such as, but not limited to, ForeseeHome
10/11/12	02/2021		Vitamin/Mineral infusion (intravenous nutrient therapy)	Also known as Myer's/Meyer's Cocktail
06/2021		0205U	Vita Risk®	
11/18/03	02/2021	76497	Whole body CT Scan	
09/23/08	02/2021		Whole body integumentary photography/surveillance photography for detection/screening of melanoma	Does not include monitoring high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or personal history of melanoma".
03/2020	02/2022	0010U 0335U 0336U	Whole genome sequencing (WGS) for all other uses not captured in Whole Exome and Whole Genome Testing (MC/L021)	
06/2020	02/2022	0515T 0516T 0517T 0518T 0519T 0520T 0521T 0522T	Wireless cardiac stimulator for left ventricular pacing	Such as, but not limited to, WiSE-CRT system
09/23/03	02/2021		Xenotransplantation	Also known as cross species transplant

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*We* will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف  
**Arabic**

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).